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**Planned Parenthood Advocates of Michigan**

Members of the Michigan House of Representatives Health Policy Committee  
December 4, 2018

Subject: SB 1198

At Planned Parenthood, we work every day to make sure women receive the high-quality health care they need in a safe, respectful environment. We are very supportive of telehealth in general because it expands access to health care for patients in every corner of the state. Abortion is health care, and it is safe and legal.

Unfortunately, SB 1198 singles out medication abortion, making it harder for people in Michigan to access the full spectrum of health care options to which they have a legal right and deserve.

Let's be clear: there is no medical, scientific or legal reason to outlaw medication abortion via telemedicine.

Abortion has a 99 percent safety rate. It is legal. And we know from studies supported by actual medical experts like the American Congress of Obstetricians and Gynecologists, that telehealth delivery of medication abortion has been demonstrated to be just as safe and effective as in-person protocols. In fact, medical experts like ACOG oppose<sup>1</sup> laws like these.

There is clearly some misunderstanding about how telemedicine works, and how that would apply when a patient chooses a medication abortion.

The process by which a person would be prescribed a medication abortion through telemedicine is exactly the same as the process one would normally follow, with only one difference- the physician is not in the room. But their interaction with the patient is identical. A patient accessing a medication abortion through telemedicine would still have the lab work up, physical assessment etc. that is the standard of care. It would happen in one of our existing health centers by licensed professionals as they do now. The only difference is that the interaction with the doctor would be through technology. In fact, in the 16 states where medication abortion can be done by mid-level practitioners (like physician assistants and advanced practices nurses), no physician is involved and the outcomes have the same efficacy and safety rating.

A physician providing a medication abortion via technology would still be able to acquire the informed consent that is required in Michigan, describing the known risks of the procedure and ensuring that patients know if, when and where to seek follow-up care if it is necessary.

Improving access to medication abortion, including via telemedicine, reduces the need for second-trimester abortion procedures. A study<sup>2</sup> on the effects of a telemedicine program in Iowa found that the abortion rate did not increase, but that women had increased odds of obtaining both a medication abortion (rather than surgical) and an abortion earlier in pregnancy. In fact, the Iowa Supreme Court ruled recently that preventing physicians from administering a medication abortion remotely through video teleconferencing in that state placed an undue burden on a woman's right to access abortion services, in keeping with the Supreme Court decision referred to as *Whole Women's Health vs. Hellerstedt* (2015).

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<sup>1</sup> <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Increasing-Access-to-Abortion>

<sup>2</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3518368/>

This bill is inspired by ideology and the desire to keep women-especially rural women- from accessing their legal right to abortion, and nothing more. It is part of a broader effort to restrict or end access to safe, legal abortion in Michigan. Ultimately, decisions about whether to choose adoption, end a pregnancy, or raise a child must be left to a woman, her family and her faith, with the counsel of her doctor. We should be working to expand access to quality medical care so that, regardless of where in Michigan they live, all people can access safe, legal healthcare services.

At Planned Parenthood, our top priority is making sure that every woman, no matter where she lives, can make her own personal, private health care decisions without interference from politicians. We urge you to vote no on SB1198.

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